Fee-For-Service Provider Manual Free-Standing Birthing Centers Chapter: 17

October, 2003

COVERED SERVICES

Free-standing birthing centers are non-hospital, outpatient obstetrical facilities staffed by registered nurses and equipped to manage uncomplicated low-risk labor and delivery. The facility must be affiliated with and in close proximity to an acute care hospital for management of complications if they arise. Birthing centers must be licensed by the Arizona Department of Health Services and certified by the Commission for the Accreditation of Free Standing Birthing Centers to be registered with AHCCCS.

Labor and delivery services rendered through free-standing birthing centers must be provided by licensed physicians (i.e., the recipient's attending physician or an obstetrician with hospital admitting privileges) or a licensed registered nurse who is accredited/certified by the American College of Nurse-Midwives and who has admitting privileges for labor and delivery services.

Only recipients for whom an uncomplicated prenatal course and a low-risk labor and delivery are anticipated may be scheduled to deliver at a free-standing birthing center.

Risk status must be determined by the attending physician or nurse midwife using standardized assessment tools for high-risk pregnancies from the American College of Obstetricians and Gynecologists and the National Association of Childbearing Centers. The age of the recipient must be a consideration in the risk status evaluation. Generally, recipients under 18 years of age may be considered high risk.

BILLING REQUIREMENTS

Birthing centers must bill for services on a UB-92 claim form using Revenue Code 724 (Birthing Center) and Bill Type 84X.

AHCCCS reimburses licensed and certified free-standing birthing centers a facility fee for labor and delivery services provided to eligible AHCCCS recipients. Claims for birthing center services are reimbursed at 80 per cent of covered charges.

Professional providers must bill separately on a CMS 1500 claim form for prenatal care, delivery, postpartum care, and the newborn exam. Claims for OB services must be billed in accordance with AHCCCS policy (See Chapter 10, Professional and Technical Services).

Reimbursement for professional services is the lesser of billed charges or the AHCCCS capped-fee-for-service fee schedule amount.